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<b>TRANSMITTAL</b>	Docket No.: XTAX-P001US3	Total Pages: <i>8+ refs.</i>
	Application No.: 10/608,651	
	Filing Date: 06/27/2003	
	First Named Inventor: Mark Albrecht	
	Art Unit: 3627	
	Examiner Name:	

<b>ITEMS INCLUDED:</b>	<b>ADDRESS TO:</b> <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																														
<p>1. <input type="checkbox"/> Response to <input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$ .00). <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ .00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. <input checked="" type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="0"><tr><td><u>Total Claims</u></td><td><u>Extra Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td><td><u>Multiple Dependent Claims</u></td></tr><tr><td>_____ -20 or HP= _____</td><td>x <u>25</u></td><td>_____</td><td>_____</td><td><u>Fee (\$)</u> <u>Fee Paid (\$)</u></td></tr><tr><td colspan="4">HP = highest number of total claims paid for, if greater than 20</td><td><u>180</u> _____</td></tr><tr><td><u>Indep. Claims</u></td><td><u>Extra Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td><td></td></tr><tr><td>_____ -3 or HP= _____</td><td>x <u>100</u></td><td>_____</td><td>_____</td><td></td></tr><tr><td colspan="5">HP = highest number of independent claims paid for, if greater than 3.</td></tr></table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (____). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input checked="" type="checkbox"/> Remarks: The Information Disclosure Statement herewith is being filed after three months of the filing date of this national application but before the mailing date of the first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Information Disclosure Statement.</p>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	_____ -20 or HP= _____	x <u>25</u>	_____	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	HP = highest number of total claims paid for, if greater than 20				<u>180</u> _____	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		_____ -3 or HP= _____	x <u>100</u>	_____	_____		HP = highest number of independent claims paid for, if greater than 3.				
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**TRANSMITTAL**

(Executed Attachment to Page 1)

**Page 2****CERTIFICATE OF TRANSMISSION/MAILING**

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Date

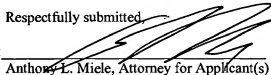
1/10/06

Dated:

1/10/06

Respectfully submitted,

By:



Anthony L. Miele, Attorney for Applicant(s)

Registration Number 34,393

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PTO/SB/08b (08-03)  
Approved for use through 06/30/2006. OMB 0651-0031  
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<b>Substitute for Form 1449</b>  <b>Information Disclosure Statement By Applicant</b>	Application Number	10/608,651
	Filing Date	06/27/2003
	First Named Inventor	Mark Albrecht
	Art Unit	3627
	Examiner Name	
Sheet 1 of 6	Attorney Docket No.	XTAX-P001US3

#### U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/VF/		US- 6,567,789	05/20/2003	Baker	
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/VE/		US- 6,473,741	10/29/2002	Baker	
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Examiner Initials*	Cite No.	Foreign Patent Document Country Code <sup>1</sup> Number <sup>2</sup> Kind Code <sup>3</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
/VF/		JP 2002/2149979	05/24/2002	Hitoshi et al.		
/VE/		DE 10156532	07/18/2002	Herbert et al.		
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/VF/		JP 10326314	12/08/1998	Takashi et al.		
/VF/		WO 01/35678 A2	05/17/2001	Gryglewicz et al.		

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/VF/		US-2003/0154115	08/14/2003	Lahey et al.	
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NE/		US-2003/0126003	07/03/2003	vom Scheidt et al.	
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/NF/		Outsourcing Solution, April 2003, CPA Wealth Provider.	
/NF/		Citrix Independent Computing Architecture, November 23, 2002, Citrix Systems, Inc; Retrieved from the Internet at <a href="http://www.citrix.com/press/corpinfo/ica.asp">http://www.citrix.com/press/corpinfo/ica.asp</a>	
/NF/		L. Gary Boomer, The Bombay Connection, September 27, 2002, Boomer Consulting, Inc; Retrieved from the Internet at <a href="http://www.boomer.com/bulletin/article.asp?ArticleId=965-2--2-08-27-39213-83">http://www.boomer.com/bulletin/article.asp?ArticleId=965-2--2-08-27-39213-83</a> .	
/NF/		L. Gary Boomer, Document management--paper-less is more!,, Accounting Today, August 2002, Boomer's Blueprint.	
/NF/		Your Tax Preparation Partner, September 19, 2002, SurePrep; Retrieved from the Internet at <a href="http://sureprep.com/index.html">http://sureprep.com/index.html</a> .	
/NF/		The Industry's Premier Tax Compliance System, January 2006, CCH; Retrieved from the Internet at <a href="http://tax.cchgroup.com/Pfx/Products/Tax/default">http://tax.cchgroup.com/Pfx/Products/Tax/default</a> .	

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